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FROM:	Vickie Kent Paralegal Specialist					
OF:	NASA Ames Research Center Mail Stop 202A-4 Moffett Field, CA 94035-1000					
FAX:		PHONE: (650) 604-0887				

Appl. No.: 10/789,029

Examiner: Wilbert Starks

Applicant: David L. Iverson.

Docket No.: ARC-15058-1

Filed: 24 February 2004

Customer No.: 25186

TC/A.U.: 2129

Confirmation No. 7135

The following correspondence is attached:

Transmittal Form (1 page)

Fee Transmittal (1 page)

Amendment (10 pages)

Petition to Extend Time (1 page, in duplicate)

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	ell correspondence after initial i	Art Unit Examiner Name (illing) Attorney Docket Number	Wilbort L. Starks ARC-15058-1
		ENCLOSURES (Check all the	
Amendme Afi Afi Extension Express A Informatio Certified C Document Reply to N Incomplet	fter Final ffidavits/declaration(6) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority	Drawing(s) Licensing-related Papers Pelition Pelition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Actornation Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Other Enclosure(s) (please identify below):
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Signature Printed name	N. A.S. A. John F. Sch	, , , , , , , , , , , , , , , , , , ,	<u>- t</u>
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application-Num	nber	10/789,029			
FEE TRANSMITTAL				Filing Date		24 Fabruary 2006			
For FY 2006			L	First Named Inv		David L. Tuarson			
a mandalana an	11 116 4 - 6	200 87 CED 4 /		Examiner Name	; <u>V</u>	Nilbert L	lilbert L. Starks		
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TOTAL AMOUNT OF P	AYMENT (\$)	1020.00		Attorney Docket	No.	ARC-	15058-1		
METHOD OF PAYME	ENT (check all	that apply)							
Check Credit Card Money Order Nonc Other (please identify): Deposit Account Deposit Account Number:) 4 - 01 16 Deposit Account Name:									
For the above-ide	antified deposit s	account, the Direc	tor is here	eby authorized to	: (check all	i that apply)	•		
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FEE CALCULATION									
1. Basic Filing, SE	FILING F	FEES		CH FEES	EXAMI	NATION FEES	,		
Application Type	S	mall Entity		Small Entity		Small Entity	Fees Paid (\$)		
Application Type Utility	<u>Fee (\$)</u> 300	<u>Fee (\$)</u> 150	Fee (\$) 500	- 14-1-014	Fee (\$) 200	100	1 600 1 414 141		
				250		• • •			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F Fee Description Each claim over 20	· —— ·	eissnes)				<u>Fee (\$)</u> 50	Small Entity Fee (\$) 25		
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Total Claims	Extra Clain		Fee	Paid (\$)			Dependent Claims		
20 or HP HP = highest number of	•	X_, or, if greater than 20.	_ =			Fee (\$)	Fee Pald (\$)		
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3 or HP = x = HP = highest number of Independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
							r each additional 50		
sheets or fraction	n thereof. See	35 U.S.C. 41(a	a)(1)(G) a	and 37 CFR 1.1	16(s).				
Total Sheets	Extra Shee	<u>ets</u> <u>Numb</u>	er of each	h additional 50 c	<u>or fraction</u>	thereof Fer	e (\$) Fee Paid (\$)		
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge):									
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Sinnatura	then F. S.	hopper		Registration No. (Attorney/Agent)	24,99	Telephi	one 5-604-0887		
Name (Print/Type)	la. E S-	h 1000 x		,		Date_	3 Nov. 2006		

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